

*Foreign - Small Claim Fee Free*  
*international units of Re-Venue*

UNITED STATES DISTRICT COURT *original jurisdiction*  
 SOUTHERN DISTRICT OF NEW YORK

CALVIN HUDSON

(full name of the plaintiff or petitioner applying (each person must submit a separate application))

*Notice of Removal*

*File # 051347 - III Cont'd*  
*Index # 301891/23*

CV ( ) ( )

-against-

(Provide docket number, if available; if filing this with your complaint, you will not yet have a docket number.)

SOUTHEAST GRAND STREET GUIP

SLOCHOWSKI

(full name(s) of the defendant(s)/respondent(s))

WAVECREST Management

APPLICATION TO PROCEED WITHOUT PREPAYING FEES OR COSTS

I am a plaintiff/petitioner in this case and declare that I am unable to pay the costs of these proceedings and I believe that I am entitled to the relief requested in this action. In support of this application to proceed *in forma pauperis* (IFP) (without prepaying fees or costs), I declare that the responses below are true:

1. Are you incarcerated? ☐ Yes ☒ No (If "No," go to Question 2.)

I am being held at: \_\_\_\_\_

Do you receive any payment from this institution? ☐ Yes ☒ No

Monthly amount: \_\_\_\_\_

If I am a prisoner, *see* 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. *See* 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.

2. Are you presently employed? ☐ Yes ☒ No

If "yes," my employer's name and address are: \_\_\_\_\_

Gross monthly pay or wages: \_\_\_\_\_

If "no," what was your last date of employment? \_\_\_\_\_

Gross monthly wages at the time: \_\_\_\_\_

3. In addition to your income stated above (which you should not repeat here), have you or anyone else living at the same residence as you received more than \$200 in the past 12 months from any of the following sources? Check all that apply.

- (a) Business, profession, or other self-employment  
 (b) Rent payments, interest, or dividends

☐ Yes ☒ No  
☐ Yes ☒ No

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- |   |                              |  |
|---|------------------------------|--|
| (c) Pension, annuity, or life insurance payments  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (d) Disability or worker's compensation payments  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (e) Gifts or inheritances   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (f) Any other public benefits (unemployment, social security, food stamps, veteran's, etc.) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (g) Any other sources   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

If you answered "No" to all of the questions above, explain how you are paying your expenses:

4. How much money do you have in cash or in a checking, savings, or inmate account?
5. Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:
6. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? If so, describe and provide the amount of the monthly expense:
7. List all people who are dependent on you for support, your relationship with each person, and how much you contribute to their support (only provide initials for minors under 18):
8. Do you have any debts or financial obligations not described above? If so, describe the amounts owed and to whom they are payable:

**Declaration:** I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.

Dated 20<sup>th</sup> day February in the year of our Lord  
2020 AD

By: 1-b agent private attorney in fact on behalf  
of ALVIN HILDEN  
Signature

Name (Last, First, MI)

Address

Telephone Number

Foreign - Small Claim  
international units of the venueUNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Original Jurisdiction

JOHN DOE

Notice of Removal  
file # 051347

(full name of the plaintiff or petitioner applying (each person must submit a separate application))

CV

( ) ( ) ( )

111 Centre St. index # 301891/23

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SOUTHEAST GRAND STREET GUILD

SLOCHOWSKI

WAVECREST MANAGEMENT

(full name(s) of the defendant(s)/respondent(s))

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20<sup>th</sup> day February in the year of our Lord  
Dated 2024 ND

by: /s/ agent private Attorney General on behalf of  
Signature 61 JOHN DOE

Name (Last, First, MI)

Prison Identification # (if incarcerated)

960 Grand Street floor 7 pmb F exempt  
Address City State Zip Code

Telephone Number

E-mail Address (if available)